## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 765355**

FILED Feb 03, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	IGE CAMP RD FL 32724			
Current Mailing Address:		New Mailing Address:		
	IGE CAMP RD FL 32724			
El Number	: 59-2234469	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
HARPER,	DEREN			
	VER ROAD	JS		
DELAND, he above	OVER ROAD FL 32724 L		ourpose of changing its registere	ed office or registered agent, or both
DELAND, he above	OVER ROAD FL 32724 L named entity set of Florida.  RE:	submits this statement for the p		ed office or registered agent, or both
DELAND, The above in the State	OVER ROAD FL 32724 L named entity set of Florida.  RE:			ed office or registered agent, or both Date
DELAND, The above In the State	OVER ROAD FL 32724 L named entity set of Florida.  RE:	submits this statement for the particles of Registered Agric Signature of Registered Agr	ent	
DELAND, The above In the State	over ROAD FL 32724 In named entity set of Florida. RE: Electron S AND DIRECT	submits this statement for the particle Signature of Registered Agronal TORS:  Delete EN R	ent	Date
DELAND, The above In the State BIGNATUI  DFFICER: Ittle: Itame: Italiane: Italiane: Italiane: Italiane:	PVER ROAD FL 32724 L I named entity see of Florida. RE: Electron S AND DIRECT PD () HARPER, DERE 833 HANOVER DELAND, FL 32	submits this statement for the particle Signature of Registered Agental TORS:  Delete EN R 2724 Delete I S LN	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEREN HARPER PD 02/03/2009